



FRANKLIN COUNTY AUDITOR

JOSEPH W. TESTA

OFFICE USE ONLY

Date Received

I. GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ - _____ Phone # (home): _____ (work): _____

In Case of Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

HOURS DESIRED

Permanent

Temporary

Summer Only

Full-Time

Part-Time

II. Check one:

U.S. Citizen

Permanent Resident, citizen of _____

III. Position Applying For:

IV. Have you had previous public sector employment? _____

If yes, what office/agency and what was your job title? _____

V. EDUCATION

High School		
College		
Graduate School		
Professional Training		

Please list community or professional activities or organizations in which you participated; include office held or other leadership positions: _____

VI. EMPLOYMENT HISTORY (Please list in chronological order, most recent first)

Employer's Name & Address

Title/Position Held

Length of Employment

SALARY

Duties: _____

Starting: _____

Reason for leaving: _____

Leaving: _____

Immediate Supervisor & Title: _____

Employer's Name & Address

Title/Position Held

Length of Employment

SALARY

Duties: _____

Starting: _____

Reason for leaving: _____

Leaving: _____

Immediate Supervisor & Title: _____

Employer's Name & Address

Title/Position Held

Length of Employment

SALARY

Duties: _____

Starting: _____

Reason for leaving: _____

Leaving: _____

Immediate Supervisor & Title: _____

VII. REFERENCES (Please list three references other than relative.)

	Name	Address & Phone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

VIII. MILITARY EXPERIENCE (If applicable)

When discharged: _____ Highest Rank: _____

IX. Briefly describe your career objectives

X. Desired Salary: _____ **Referred by:** _____

XI. Have you been convicted of any infraction, other than minor traffic violations:

Yes

No

If yes, please describe: _____

Are you current on all taxes or court ordered obligations, personally or in conjunction with any business interests:

Yes

No

If no, describe delinquency: _____

I hereby attest the above information is true and complete to the best of my knowledge. I also give permission to my current and former employers, references, and educational institutions to release all information at their disposal to the Franklin County Auditor and to conduct a local background check with the proper law enforcement authorities. I realize that providing false information on this application will result in my not being considered further for employment or should I be hired, in my dismissal from employment with the Franklin County Auditor's Office.

Signature

Date

Note to applicants:

- Complete all fields.
- If attaching a resume, note "see resume" on application where appropriate.
- Attach a copy of college, other post secondary transcript or certificate.